

EXHIBIT 5

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



Invoice #: 0198600613
Date: 8/16/2016
Customer #: 1647625

Ship to:

WOLFF ARDIS ATTYS AT LAW
WOLFF ARDIS ATTYS AT LAW
5810 SHELBY OAKS DR
MEMPHIS, TN 38134-7315

Bill to:

WOLFF ARDIS ATTYS AT LAW
WOLFF ARDIS ATTYS AT LAW
5810 SHELBY OAKS DR
MEMPHIS, TN 38134-7315

Records from:

VANDERBILT UNIVERSITY MED CTR
4560 TROUSDALE DR
STE 101
NASHVILLE, TN 37204-4538

Requested By: WOLFF ARDIS ATTYS AT LAW
Patient Name: [REDACTED]

DOB: [REDACTED]

Description	Quantity	Unit Price	Amount
Basic Fee			18.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	1	0.85	0.85
Per Page Copy (Paper) 2	5	0.00	0.00
Shipping			0.68
Subtotal			19.53
Sales Tax			1.81
Invoice Total			21.34
Balance Due			21.34

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 21.34 (USD)

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Invoice #: 0198600613

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

110
Auth

(901) 763-3336
TELECOPIER:
(901) 763-3376

WOLFF ARDIS, P.C.

ATTORNEYS AT LAW

5818 SHELBY OAKS DRIVE
MEMPHIS, TENNESSEE 38134

aharris@wolffardis.com

August 2, 2016

Of Counsel:
Apperson Crump PLC

Mail

Center for Health Information Management
4560 Trousdale Drive.
Suite 101
Nashville, TN 37204
Fax (615) 343-0126
ATTN: GARY OR MEGAN

Re: Patient: [REDACTED]
Date of Birth: [REDACTED]
Date of Accident: 07/03/2015

To Whom it May Concern:

Please be advised that our office represents Jennifer Monroe and her minor daughter [REDACTED] with regard to an atv accident in which she was injured. Enclosed please find a HIPAA compliant medical release authorization executed by Mrs. Monroe. As well as the Client's Letter which originally requested these records. [REDACTED] was treated at your facility as a result of this accident from July 1, 2015-Current. At your earliest convenience, Please forward a copy of any and all of [REDACTED]'s medical records including but not limited to, radiological films, billing records, CT Scans, X-rays, and MRIs in their native or Dicom format that were taken during that time and any outside records. Provide the records in electronic form on CD in the Adobe Acrobat .pdf format.

Additionally, if you could be certain to certify the authenticity of these records it would be appreciated.

If you have any questions, please feel free to contact me at 901-202-4024. Thank you for your assistance in this matter.

Sincerely,
WOLFF ARDIS, P.C.

Andrea M. Harris
Andrea M. Harris
Paralegal

Rud.
3-16
8-16
Ch
Attachment

HP
3-16
8-16
Ch

[REDACTED]